tetely filled in by the funeral director, page 3 d 2 shauld be filled within 72 hours after death

the attending physician and cremave carbanapers. Pages

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remove carbahapea with the State Dept. of Health and Mental Hygiene prior ta burnal, cremation, or removal

within 24 haurs after

Entificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*	[23	STATE REGISTRAR				CERTIFI	CATE OF DEAT	H	8 / REG. N	2	4 () 9
ľ		EASED NAME	FIRST		MIDDLE	LA	\ST		20. DATE OF DEATH	MONIH	DAY YEAR	2b. HOUR
ı	11112		.ill:	ian	C.	At	well			07-1	5-87	7:50 M
Ī	3. SEX			4 RACE		5. DATE O		EAR	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
l		Female		whit	.e		12-96		190 yr	1110		
F	₹o. BIR	THPLACE ISTATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8.	NEVER MARR	IED 🗆	BALTIMORE CITY C	R COUNT	Y OF DEATH	
4	Uı	nknowelan	d	USA		WIDOWE		ED 🗌	Queen Ar	ne C	ounty	MD
1	10. CIT	Y OR TOWN OF DEA	TH		HOSPITAL, NU CH FACILITY, GIVE S		R OTHER INSTITUT	ION	TYPE OF WORK FOR MOST C	ON F WORKING L	IFE) INDUSTRY	OF BUSINESS OR
4		entrevil					Center-	CH	Nurses Aid	e		
1	130. S1	L RESIDENCE (IF NURSI	136 COUN	ITY	13c. CITY OR 1		134 INSIDE CITY LI	MITS?	3e STREET ADDRESS	ZIP COD	DE 21	620
4	1	Md.	Ker	nt	Chest	ertown	YES NO		507 High	Str	reet	
	14 FA1	THER'S NAME FIRST		MIDDLE	LAST		FIRST	DEN NAM	MIDDLE	. 1 . 0	• 1 1	57
1		Fredric		ALD LODGES	Corne	elius SECURITY NO.	Un:	know	n Elizabe		illen	
ı		'AS DECEASED EVER ES, NO OR UNKNOWN)		E WAR OR DATES)			77121	oth T			race. M	aryland
	_	no				1-0628	Elizab	ech 1	nomas nav	LCDCO		
ı		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one couse pe DBY:	r line for (a), (b	n, and (c)	in Comdia	*********	ular Diseas		BETWEEN	ONSET AND DEATH
ı			IMMEDIAT	E CAUSE (a)	arterro	osciebot	ie cardie	vasci	Har Diseas	se		
ı				DUE TO, C	R AS A CONSE	EQUENCE OF						
1		Canditions, if any, gave rise to imm	nediate	(b)_				-				
1	-4	cause (a), stating underlying cause		DUE TO, C	R AS A CONSE	EQUENCE OF						
		DART 2 OTHER SIGN	HEIC ANIT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT PELATED TO I	HE TERMIN	NAL DISEASE OR CON	DITIONG	VEN IN PART 1	10
		Duodenal			OTTTRICOTATO	TO DEATH OUT	TO TREE TO	112 12111111	THE DISEASE ON CO.	511100		
1	CERTIFICATION	190 DATE OF OPERAT			ITION FOR WE	HICH OPERATION	WAS PERFORME		200 AUTOPSY?		S, WERE FINDS	
	TE								YES NOT		ES	NO [
1	CER	21g. ACCIDENT WAS UND		1 11-110 4		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
	AL	OR CONTRIBUTING C		10	.M.	19						
	MEDICAL	21d INJURY OCCURR	RED		OF INJURY	EICE SADA ETC)	211. LOCATION		CITY OF TO	WN	COUNTY	STATE
1	2	WHILE NOT WH	ILE	(ATTIOME 3	TREET, FACTORT OF	FILE FARM, ETC.)		0.0				
ł		220.1 certify that (1)	(this hospi	tal) attended t	he deceased fr	om 87	4-11 19	83	, to	7-15	19 87	that (I) (we) last
		saw the decease above, (1) (we) (g			ofter death.	19, an	d that in (my) (our)	opinion de	eath occurred on the d	ate and ha	our and from the	causes stated
١		22b. SIGNATURE)/(Dn/			DEGREE	10.010	WEDICAL STA		22c DATI	SIGNED
		IK	Lex	1115	agr		PHYS	ICIAN X	MEDICAL STA		7-	15-87
7		22d. PHYSICI MES NA					22e ADDRESS					
		Robert W.	Farr	, M.D.			Chester			50		
		URIAL, CREMATION,	REMOVAL				EMETERY OR CREM		Still Por	J W.	COUNTY	STATE
		Buria1		7/17/	8/	STILL PO	nd Cemete		REC'S BY REGISTRAN		1.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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v.	U	U	4	u	1	JUL	60	07	PEGISTRAR
	-		-				-	F 5 .	KEOSTKAK

erol director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the objecting physician and calculd be detached for use as the buriol-transit permit. Then please remove corbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ATTENDING PHYSICIAN The low

TO HOSPITAL

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		13
2 1	44	L
REG. NO.		
REG. NO.		

		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26. HO	UR
	(11PE	ORPRINTI MARCARET	- ANNS MO	ETCALFE	BROGAN	July	16 87 10	:238
	3. SEX		4 RACE	5. DATE OF B		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDE	R 24 HRS
		F	W	MONTH	19 29	57 YRS	MONTHS DAYS HOURS	MIN
AM			76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN	Y OF DEATH	- 10 N
ot op	in	IASH. D.C.	U.S.A	WIDOWED [QUEEN AN	INES	MD.
S A	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSIN	VESS OR
Por ((HESTERTOWN	Rt 4 BOX	358 FE	d V. AS	HOUSE WIFE	HOUSEN	IFE
24 Per	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			INSIDE CITY LIMITS?	136-STREET ADDRESS	2/620	5
CI		MD. QUE		STERTOWN Y	ES NO	R+ 4 BOX 3	58	
当人	14_FA	ATHER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN NA	AME	LAST	
RU.				TCALFE	HELEN		COOPER	100
dico		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL		INFORMANT	ADDRESS RT		8 , .
e m		No -	- 214-	44.1618 V	WILLIAM ?	J. BROLAN CHE	STERTORN	, Md.
at, th		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D DV			1-210-35	BETWEEN ONSET AN	ERVAL ID DEATH
eve		IMMEDIAT	TE CAUSE (a) COROYO	pullinon	iany,	19000051		
notic	10		DUE TO, OR AS A CONS	EQUENCE OF	1			
noon		Conditions, if any, which	((b) m=777	577716	BREADI	CAGN CE-C		
her		couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF			A TEST OF	
or of		underlying cause last	(c)					
ury,	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)	
in Y	15 E	A DAYE OF ODERATION	The companion con w	HIGH ODER ATION N	445.0505.004.50	Tan auxonous Issuer	C 14/505 5 10 10 10 10 10 10 10 10 10 10 10 10 10	
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION V	VAS PERFORMED	IN CERT	ES, WERE FINDINGS USE IFYING CAUSES OF DEA	ATH?
å -	ERTI	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121	A HOW IN ILLEY OCCUP	YES NO P	ES NO	
n 18		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	E. TIO W HAJORT OCCOR	KED (ENTER NATURE OF INJURY IN HEM IS	PARITORPARIZE	
Her	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	I. LOCATION			
p	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF		STREET	CITY OR TOWN	COUNTY	STATE
nork			11/4	14	10	7 7/16	27	_
is		220.1 certify that (1) this haspi	tol) offended the deceased to	100	not is my (our) pointing	deoth occurred on the date and he		(we) lost
m 2	-	obove (1) we (did) (did no	view the bady after death			dediti decorregi di file dale dila ila		
H He		/	1/11=	DEC	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED	_
z		VALGENIA TO 22d PHYSICIAN'S NAME LITTE OF	Coller		PHYSICIAN [DIRECTOR PHYSICIAN	1/11/8	7
ATA /						0x 599 Alm		
MPORTAN			4 Corcien		PO 13	0746	TERTOW.	MO
- 1	23n B	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION		
	35	SPECIEVY	10/10/00	po La	40.00	CITY, OR TOWN		TATE
- 44	24 Fi	REMATION MERM DIRECTOR	7/17/87	SILVERB	LOCK CREM	TE REC'D. BY REGISTRAR 256, REGIS		bel.

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^	200 000	T. DE	CEASED NAME FIRST	MED	MIDDLE	LAST		H DAY YEAR 26 HOUR
61	# 22 2 V		PE OR PRINT) Micha	al a	nthony	Ohildwood	26 DATE KNOWN MONT OF ESTI- DEATH MATED 7	
	LEAS TOP FILES OUR REET	3. SE		S. DATE OF BIRTH	6 AGE (IN YEARS IF	Childress UNDER 1 YR IF UNDER	- //	16/1987 M
	IS NECESSARY, PLEASE FUNKERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,	1	Male Caucasion	07 31	1962 LAST BIRTHDAY) MC	INTHS DAYS HOURS	MIN. PRONOUNCED	16/ 19 87 a M
	ESSA ESSA PRAL THIN REST	FI	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH.	MA	RRIED X NEVER MARRI	9 BALTIMORE CITY OR COU	NTY OF DEATH
	NEW	Wa	ashington, DC	U.S.A	A. WIDO	OWED DIVORCE	Queen Anne's	
	FLAY IS TO THE P PAGE BE FILED	7	TY OR TOWN OF DEATH Chester	Rt. #50 n	ITAL, NURSING HOME, OR C ILITY, GIVE STREET ADDRESS) LEAR Rt. 552	THER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORL FOR MOST OF WORKING LIFE) Construction	OR INDUSTRY Construction
21201	IF ANY DELAY IS N 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, LRECORDS, 201 W.	13a. S	AL RESIDENCE (IF IN MURSING HOME CA)		RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Chesapeake Bo		13e street address Chesapeake Beach	20732 Maryland
RE, MD	SES 1, 2, A PM 3. A PM	14. F	ATHER'S NAME FIRST Monte	MIDDLE	Last Childress	Judy	MIDDLE	Chaney
BALTIMORE	DURS AFTER DEATH. 18. GIVE PAGES 1, 2 5. WITH FORM PM 3 AIT PAGES 1 AND 2. E, DIVISION OF VIFA	160	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 213-84-4482	566 Whit	ney Rd. Severna P	ark, MD
01	HOURS M 18. O NG WIT RMIT. P INE, DIV	7	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE			ltiple Injur	ies	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	CIL IN ITEM 18 ER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL	1	8/4/		AS A CONSEQUENCE OF			
Y. P.R.	WITH WATH RAN R REA R REA		Canditians, "if any, which gave rise to immediate cause (a) stating the under-	<	AS A CONSEQUENCE OF			
201 V	NAME OF THE OWNER OF THE OWNER		lying cause last.	DUE 10, OR A	AS A CONSEQUENCE OF			
RECORDS,	1		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BE	JT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PAR	1 1 (g)	
ECC	WESSES TO -	CERTIFICATION	19g, DATE OF OPERATION	Tial COLIDITI	ON FOR WHICH OPERATION	WILL DEDUCATE OF		
VITALI	QQTS55	FICA	199. DATE OF OPERATION	196 CONDIII	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
T V	WANTED T		210 EXTERNAL CAUSE WAS	21b. TIME OF		HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	YES X NO
DIVISION OF	IS CERTIFICATE SHAPED TO THE WORK RDED TO THE WORK GE 3 SHOULD BE TE DEPARTMENT COURTS TO PRIOR TO BUILD	Яĕ	UNDERLYING KOR CONTRIBUTING CAUSE OF	DEATH 3:01	7/ 16/19 87 C		worker hit by auto	
VISI	SEPA 3 SH	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	FINJURY LATHOME. 21f.	LOCATION	CITY OR TOWN	COUNTY STATE
۵	E, WRIT RWARDE PAGE 3 STATE D (, 21201	1	AT WORK AT WORK	constr	uction site R		t.522, Chester, Qu	meen Anne, Md.
	E EXAMINER: THIS CERTING CERTING THIS CERTIFICATE, WRITING TO DUID BE FORWARDED TO DIRECTOR, PAGE 3 SH 4, WITH THE STATE DEPARAMENTAL OF THE STATE OF PROPERTY OF THE STATE OF		174. I certify that Mook charg	pr of the remains day	ibed glove, held on _Au	npsy (K) inspection	inquiry and in my	оринов
	AMAR RTIFICA RECT	1	death resulted from Natu	rol covered	August A Suice	, Monicon	- Undetermined monney	
	E DOUE		ACTUAL SIGNATURE	ust//	aun MM	A Basistant	MEDICAL EXAMINER SIGN	
	AEDICAL E ECUTE THE GE 4 SHOU FUNERAL I TER DEATH,		and the same of the	0	1	000		460
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		The state of the s	THE RESERVE OF THE PARTY OF THE	Smoth, M.D.	_ADDRESS11	1 Penn St.	
	EDZE49	10000	URIAL CREMATION, REMOVAL	The state of the s	THE NAME OF CEMETERS			IUNITY STATE
07/84 25M	BP	24.7	Burial UNERAL ROBERT S.	July 20,87	Southern Mer	morial Gard.	Dunkirk	SENATURE ALL
	DHMH - 17 (VR A15 ME (5))		SEVERNA PARK	DAKKANCO		JUL	Z1 1987	The State of

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ROZERI S ENGANCO SEVERNAJPANA, ARD. 21146

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Olas	REGISTRAR		CERTIFICATE OF DEATH Q	REG. N	10.	
	ECEASED NAME FIRST PEOR PRINTS HILLOCE	WIOOFE	DEW	2ª DATE OF DEATH	01 / 25 Py	7 Ph HOUR
3. SE	TEMALE	B/ACK	S. DATE OF BIRTH	AGE (IN YEARS LAST BI	YRS. MONTHS DAY	
	COUNTRY) . C	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	EN AL	JNE'S
10,5	O LOWN OF DEATH	NAME OF HOSPITAL, NURSIN	CARE HOME	12g USUAL OCCUPAT		AGIOU
13a	MG. GUEE	ER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	YES NO 1		ZIP SODE ST	Reey
00	SERORS MIDE	S PIASE	101	R MIDDLE	U	NK.
	WAS DECEASED EVER IN U.S. ARMEI		-8146 Cho	ने भे	my BEN	U
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y	Pulling (anel	APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF A CONSEQU	00	RMINAL DISEASE OR CON	IDITION GIVEN IN PART	l a
CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION	PRRED (ENTER NATURE OF INJURE)		
	27a I certify that (I) (this haspital) saw the deceased alive an abave, (I) (we) (did) (did not) vi 27b. SIGNATURE	19	, and that in (my) (aur) apinia	Egyl Carlot	late and hour and fram th	_, that (I) (we) last he causes stated TE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF PRI	EJ BEY	27e ADDRESS	4970r/	ME.	
L	ISPE BUR, AI	7-29-198 1	BETHE (CE)	1 - CHY ON O	RC HIL	/ STATE
24. F	UNERAT DIRECTOR	SO ONE	STEPTOWA AU	G 0 6 1987	25) REGISTRAR'S SIGN	ATURE

062067 AUG-887 Alice C DEW Joyaghin FEMALE VOLASK BELLEVISTER STATES BONGA MEDU C TO FIRE U -2.14 POTENTIAL LANGE HOLE IN A STATE CHARLE 2 SHOT, X MILLION SMIKES OF LIN George Street Minth Charlet Charlet MICHAEL BER WILLIAM TON Markey (Van de Van de Come Con de Van de Va A The west of the first series as AUG O BORT Blind Share

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STATE OF MARYLAND

80	FOR TATE REGISTRAR			EALTH AND MENTAL HYGI	IENE 2	1 4	1	3
1. DE	CEASED NAME FIRST	MIDDLE	L	NST TEXT	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPI	SAMUEL SAMUEL	George El	1.15	t IR	July 26	198	7	800 Pi
3. SE			DATE O		& AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
100	MALE	NEGRO F	ep-	20 1898	86	YRS	VIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
1	IARYLAND		IDOWE		QUEEN	AN	NES	MD.
10 C	ILLINGTON OF DEATH	I. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDS SPRING ROAD	RESS	ROTHER INSTITUTION	TYPE OF WORK FOR MOST O		IZE KIND O INDUSTRY	estic
130	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY			YES NO	13e STREET ADDRESS /	ZIP CODE	25	RING RE
IA F	SAMUE G	ELLIOTT S	R	ANNIE	ELIZ.	DAYL	S LAS	r
	WAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES!	146	D FLORENCE	e - WIF	e - s		
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED E	1 /	pu	Imony	anes 7	+	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENC	E OF	VP, of	proefec	une	may.	
NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	nal disease or coni	DITION GIVEN	IN PART I	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, V IN CERTIFYIN YES [AG CAUSES	
	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF NIUR	Y IN ITEM 18 PART	I OR PART 2]	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a 1 certify that (1) (this haspital			, 19	to			that (It (we) last
	sow the deceased alive an obove, (1) (we) (did) (did not) v	view the body ofter death.	, on	d that in (my) (our) opinion o	leath accurred on the do	ite and hour or	nd Irom the	couses stated
	226. SIGNATURE		R	ATTENDING PHYSICIAN	MEDICAL STAF		22¢ DATE	SIGNED
	224 PHYSICIAN'S NAME CHIE OF PE	RINT)		22e ADDRESS			216	51

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE 23a BURIAL, CREMATION, REMOVAL

234 NAME OF CEMETERY OR CREMATORY 87 **LASAN**

23d. LOCATION
CITY OF TOWN

REGISTRAR 256 REGISTRAR'S SIGNATURE

BOX 270 MILLINGTON

		FOR			DEDADTM		OF MARYLAND EALTH AND MENTAL HYG	IENE			
259 AL	1.	STATE REGISTRAR			DEFARIN		ICATE OF DEATH	8 / REG. N	21	4 1	Æ.
2 3 9 AU	DE (TYPE	OK PRINTS		fred "	Viola	0	AST GEORGE	20 DATE OF DEATH	MONTH DA		26 HOUR
d e o o		WINIFR				GEC				3-87	72AM
ofrer d	3. SE	Farana	4. RA	CE OUCAS	1011	5. DATE C	DAY YEAR	& AGE (IN YEARS LAST BIR	THDAY) IF	UNDER LYEAR	HOURS MIN
0	7a. B	RTHPLACE ISTATE OR FOREIGN			WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY C	FDEATH	
25		Md .	HE	US	A	WIDOWE	DINEVER MARRIED DINORCED	QUEEN ,	ANNE:	5	MD
90	10 C	TY OR TOWN OF DEATH			IOSPITAL, NURSINI HFACILITY, GIVE STREET A AN - COR		HILLS	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
35	3a S	Md Ta	NE OR OTHER OUNTY	INSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOWN St. Mich		13d. INSIDE CITY LIMITS? YES NO 🏝	13e STREET ADDRESS	ZIP CODE	21	1663
200	PL FA	Thomas	Doud		LAST		15 MOTHER'S MAIDEN NAM	y Quinn		(AST	
1		VAS DECEASED EVER IN U. VES NO OR UNKNOWN) (IF YI	S. GIVE WAR		166 SOCIAL SECUI 220-38-7		Mr. F. Hoope	r Bond Ea	ston,	Md.	21601
emoval event, 1		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly and USED BY		line for (a), (b), and	G	SCUD			BETWEEN O	MATE INTERVAL DISET AND DEATH
nation, or r	A	Canditions, if any, which	h (DUE TO, OF	AS A CONSESSE	NCE OF	follow help	amputation	*>	1/2	put
or other tr		gave rise to immediate cause (a), stating the underlying cause las	e 11	DUE TO, OF	AS A CONSEQUE	NCEOF	· 1) P=V /A)ul			
to burn	NO	PART 2 OTHER SIGNIFICA	NT COND	OITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	IN PART 110	
o o o o	CERTIFICATION	190 DATE OF OPERATION		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
wento ryg	-	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH	216. TIME OI HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART2)	
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		PLACE (OF INJURY EET, FACTORY OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
of Heolt		220.1 certify that (1) (this sow the deceased alm above (1) (we) (did) (d	e on	7-24	19_8	5- 37 , ar	31 , 19 84 ad that in (my) (aur) apinion o			and from the	that (I) (we) last couses stated
ote Dept. JT: If Hem		22b SIGNATUR	An	ive	th	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7	28/87
A be defined by the Stote		220 PHYSICIAN'S NAME	TYPE OR PRINT	"-1/	77		22e ADDRESS	00.	m 0	1	

23c NAME OF CEMETERY OR CREMATORY

Western Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Funeral Home
Baltimore, Md. 21212

^{23b} DATE 7/31/87

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

250 AUG 1 0 1987

23d LOCATION

Baltimore, Md.

Aulia Dender Ludale

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Unial story we say elthory w.

1050 11	1.2	FOR STATE REGISTRAR	DEPARTA	MENT OF HEA	F MARYLAND LITH AND MENTAL HYG ATE OF DEATH	IENE 8 /REG. NO	2 1	4	1 5
222 34	Dec	CASLO-NAME FIRST	WIDDLE	LAS1		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
deoth	(IAME)		ie Bell Grapes			July 9,	1987		7:20 am
0 0	3. SEX		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
rs aft	,	Female	White	July 2	26, 1896	90	YRS	ns DATS	HOURS MIN,
Po Po		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
1 5 0 5		est Virginia	U.S.A.	WIDOWED		Queen Ann			MD
290		entreville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Meridian Nursin	ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	WORKING LIFE)	NDUSTRY	F BUSINESS OR
1635	130 S	RESIDENCE (IF NURSING HOME O TATE 136 COU [aryland Q.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	ADMISSION)		13e.STREET ADDRESS / 206 Steven:	ZIP CODE	2161	9
11/20	I4 FA	THER'S NAME FIRST William Fre	middle LAST		Sarah E	Peer MIDDLE		LAS	T
9 5 7		AS DECEASED EVER IN U.S. A		RITY NO. 1	7 INFORMANT	ADDRE	SS		21619
Pog Pog	(4	es, no or unknown) (IF yes, GI	577-38-	1090 1	William Grap	es, Rt. 1 Bo	ox 375-1	A, Ch	ester, N
by the attending to the attending to the attending of the troumation, or other troumation.		Conditions, if ony, which gave rise to immediate couse (ol, stoling the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN I	N PART I	
The same of	NO	TAKE OTTEK STOTT TEATT	CONDITIONS CONTRIBUTING TO 1	2271111	OT RELATED TO THE PERIO	I THE DIDENSE ON CO.	3777011 077211		
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antificate of the control of the con	CAL CERTIF	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH DA		RE HOW INJURY OCCURE			-	
the the certificities as the buriel Evolution of the certificities of the certification of the certificities of th	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR 19 ARM ETC)	PII LOCATION STREET		IY IN ITEM 18 PART 1	OR PART 2)	STATE
COR After the certificate of Health and Mental Evolution (2) is marked or Item) Expensive Teach (2) is marked or Item) Expo	100 CA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK SAT WORK	ATH R) HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE F	AY YEAR 19 ARM ETC)	PII LOCATION STREET	CITY OR TO	V IN ITEM 18, PART 1	COUNTY d from the	that (I: (we) last couses stoted
A DIRECTOR After the centificate lengths for use or the buriet reference of Health and Mental Broad II. If New 27 is marked or them 18 sho	100 CA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK SAT WORK	HOUR A.M. MONTH DATE OF THE PROPERTY OF THE PR	AY YEAR 19 ARM ETC)	LIL LOCATION STREET 1970 that in my low opinion GREE	CITY OR TO	WN 19 2 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COUNTY d from the	that (II (we) last couses stoted SIGNED
nest by the Hoperbill on attending physical EUNERAL DIRECTOR After the centilidate fold be detached for use on the buriot referred the State Dool of Health and Mental Broke DETANT. If them 21 is marked or them 18 sho	100 CA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK THE STATE OF THE	HOUR A.M. MONTH DATE OF THE PROPERTY OF THE PR	AY YEAR 19 ARM ETC) THE	LIL LOCATION STREET 1970 that in my low opinion GREE	CITY OR TO	WN 19 2 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COUNTY d from the	that (II (we) last couses stated SIGNED

Ft. Lincoln Cemetery

07-14-87

Tom Helfenbein Funeral Home, Chester, MD 21619

Burial

24 FUNERAL DIRECTOR

P.G.

Brentwood

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	,	FOR STATE			ATE OF MARYLAND F HEALTH AND MENTAL H	YGIENE		
		REGISTRAR		CER	TIFICATE OF DEATH	8 / REG. NO.	2 1 4 1 6	>
JUL	30°	FASED NAME FIRST	MIDDLE		tas1	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOL	UR
002	20	Harr	y Rockwell L	aVigne		July 20, 1		Pim
	3. SE)		4 RACE		TE OF BIRTH DNTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS	R 24 HRS
		Male	White		ec. 16, 1912	74	YRS	74.04.
5/19		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	RIED TO NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
20	-	Termont	U.S.A.		WED DIVORCED [Queen Ann	e's County	MD.
20		y or town of death ueenstown	(IF NOT IN SUCH FACILITY, C At his home	URSING HOM	Greenwood Cr. Box 108	Rduype of work for most of Bus Driver	WORKING LIFE) 126 KIND OF BUSIN	ESS OR
89	13a S		NTY 13c CITY	OR TOWN	13d. INSIDE CITY LIMITS?		ZIP CODE 2 108 21658	
	_	THER'S NAME FIRST Richard LaV	MIDDLE	LAST	15. MOTHER'S MAIDEN IN FIRST Helen	MIDDLE	LAST	
3/		AS DECEASED EVER IN U.S. A		IAL SECURITY NO	D. 17 INFORMANT	ADDRES	S	
1		No	185-	-09-7426	A Betty Lu La	aVigne same	as above	
I tour		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	nly one cause per line for to ED BY TE CAUSE (a)	oi, (b), and ic)	Cancer		APPROXIMATE INTE BETWEEN ONSET AND Z	RVAL D DE ATH
ŏ to			DUE TO, OR ASA CO	ONSEQUENCE Q	P 1		(11)	
her traum		Canditions, if any, which gove rise to immediate cause to, stating the	DUE TO, OR AS A CO	COS 10	reliona		900	n
ry, or oth	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH	BUT NOT RELATED TO THE TE	rminal disease or condi	ITION GIVEN IN PART 110	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	r which opera	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO	TH?
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	NTH DAY YE	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	15
//	MEDICAL	THE INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
21 s.mo		22s certify that It (the box sow the decreased sive or above III (a) I shall did n		19 87	, and that in (my) (pur) opinion	on death occurred on the dat	e and hour and from the causes st	
If her		IN SURVINO	Then	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED	87
5 5 1		22d. PHYSICIAN'S NAME -	1		22e ADDRESS Medical Co	enter, Grason	rille. MD 21638	3
# #6 PORTA		Dr. Ralph E.	Libby		2200000000		TTTO, ID CION	
51		Dr. Ralph E. URIAL, CREMATION, REMOVA SPECIFY		23c NAME C	F CEMETERY OR CREMATOR			STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

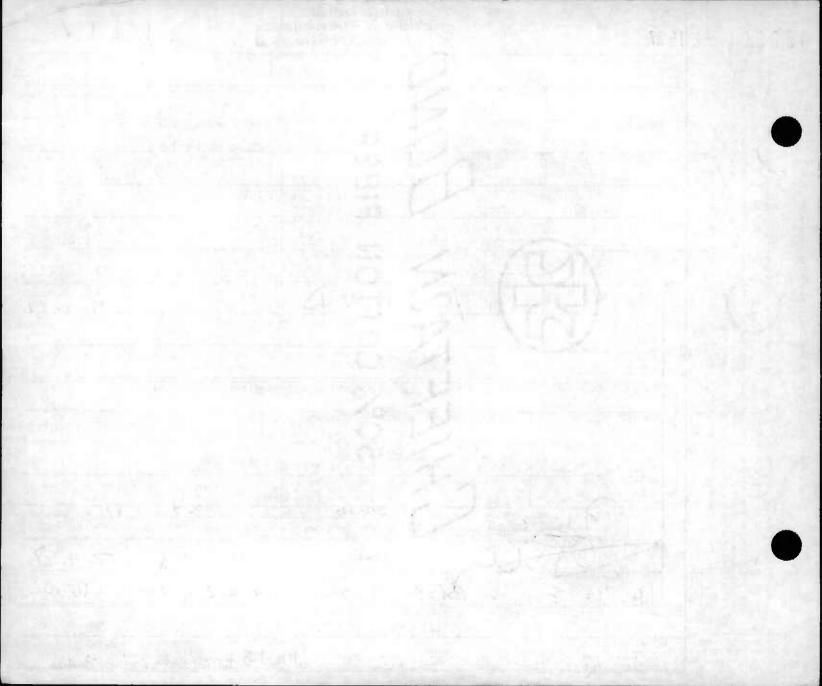
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6 h JUL	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	411			
	1 DECEASED NAME FIRST	MIDDLE	LASŤ	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
poge 3	Eliza	beth N	Lins	07-09	9-87 12:20P			
r, po	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
urs of	Female	White	12-26-10	76 YRS				
5 8 5 B	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	1? B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
13.60	Virginia	USA	WIDOWED DIVORCED	Oueen Anne's	MD.			
17年	10 CITY OR TOWN OF DEATH			(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY			
11/8/	Centreville			Teacher	Sewing			
Ba A	13a. STATE 113b COU	NTY 13c CITY OR TO		13e.STREET ADDRESS / ZIP CODE	21617			
130ED	MarylandQue	en Anne Centre		Rt 2 Box 58	Centreville			
シックカ	14 FATHER'S NAME	MIDDLE LAST		MIDDLE	LAST			
1 40	Raymond No. 160 WAS DECEASED EVER IN U.S. AI		4	ADDRESS	MOON			
page of		VE WAR OR DATEST			ov 58 21617			
12/				DINS RU.Z TU.D				
五百五 五	PART I. DEATH WAS CAUS							
	IMMEDIA	TE CAUSE (o)	7,0.1.0		1-7-81			
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r the at e remov remation	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF					
ed by oleas or or		(c)						
gove rise to immediate couse (a), stating the underlying couse lost Question Questi	D DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I a					
rior t	V 190 DATE OF OPERATION	19b. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED			
hos h	IFIC				20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
ansit Aygie 8 sho	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU					
and the state of t	OR CONTRIBUTION CAUSE OF OR	AIR						
buri Meri	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STATE			
s the and and rked	WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E FARM ETC) SIREET	CITTORTOWN	COOKIN			
s mai	22a I certify that a lithy hasp	ital) attended the deceased from	5-30-86 19	7- 9	19 81 that 1 (we) lost			
for LOR	sow the deceased above the base of the second	6-15 To New the body after death	ond that in (my) (opinion	deoth occurred on the date and hou	ond from the couses stated			
hed ept tem	THE THURSTON		DEGREE		22c. DATE SIGNED			
AL D detoc ate D IT; If	TUT	the	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-9-81			
De Ste	224 PHYSICIAN'S NAME THE	OR PRINTI	22e ADDRESS		11.			
should be detunited by the State	ALP 14 E	· hIBB	GRASO	NYILLE, Ne	2 1630			
₹ 5 3 3 7	23a. BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	C OUNTY CTATE			
	BURIAL	JULY 11, 87M	ORELAND MEM.PARK	BALTIMORE C				
- 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS	N Lins S. DATE OF BIRTH DATE S. DATE OF BIRTH DATE DAT					
/RA 15, 4)	WILLIAM E. JOH	INSON8521 LOC	H RAVEN BLVD. JU	13 1007 Julia	Twidson Pardage			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.



TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

061643 AUG -4 87

1. DECEASED NAME

COUNTRY

Female TO BIRTHPLACE I STATE OR FOREIGN

3. SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

1922

5. DATE OF BIRTH

MONTH

Oct.

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

Lloyd

Elizabeth

White

Edith

4 RACE

REC. NO

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

25 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

20 DATE OF DEATH

July 25,

6 AGE (IN YEARS LAST BIRTHDAY)

	Maryland	U.S.A.	WIDOW	ED DIVORCED	Queen Anne's Co	unty MD.
10, 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
1	Chestertown	at her home		Box 354	Glove Inspector	
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		E BEFORE ADMISSION)		A CIPICI ADDOCCO / TUD CODE	
	Maryland Q.		certown	13d. INSIDE CITY LIMITS?	Rt. 1 Box 354	21620
_	ATHER'S NAME	A. Jones	JCI OOWII	15 MOTHER'S MAIDEN NAM		2 1020
1		MIDDLE LA	51	1004	MIDDLE	LAST .
14- 1		OYO MED FORCES? 1166 SOCIA	L SECURITY NO.	Bertha M.	Green	ND 04/00
		E WAR OR DATES)		17 INFORMANT		MD 21620
	No	216-1	6-5022	Davit M. Llo	yd, Rt. 1 Box 296	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY- E CAUSE (a) Brond DUE TO, OR AS A CON	Chu gent SEQUENCE OF	ie squan	nous cell	approximate interval BETWEEN ONSET AND DEATH 3 mills / Mills
	Conditions, if any, which gove rise to immediate cause to, stating the underlying cause last (b) Cantillorium & Extremilia Superior Course (c) Me Falsitanis including adducts adducts and the course of the course					
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19a DATE OF OPERATION 19b. CONDITION FOR W		WHICH OPERATION WAS PERFORMED		206 AUTOPSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCURR	7-	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (1 ms haspi saw the deceased alive an above, (I) see (1 ms) (did no 27h SIONATURE	7-24 1) view the body ofter death	(-, -7)	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the couses stoted 27c DATE SIGNED 7-27-67
Dr. Harry P. Ross 516 Washington Ave., Chestertown, MD						town, MD 21620
	BURIAL, CREMATION, REMOVAL		230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial	07-29-87	Crumpto	on Cemetery	Crumpton QA.	COUNTY
	UNERAL DIRECTOR NAME THE HELFENDEIN FU	_ ADD	RESS hurch Hi	250. DATE	REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
10	om Herrenbern kn	rierar nome, C	noren hi	TT, IM SIDS) A	100 0 100 1 Com	1000

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TO HOSPITAL OR ATTENDING PHYSICIAN: The the haspital ar

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUL	REGISTRAR CERTIFICATE OF DEATH 8					
- 33	1 DECEASED NAME	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	10.110011	
	Jame	es Huey	Phillips	07-02-8	7 11 p	
	3. SEX	4. RACE	5. DATE OF BIRTH	MO	UNDER LYEAR IF UNDER 24 HRS	
	Male	Cauc.	11-16-99	87 YRS		
25	7a. BIRTHPLACE	To Citizen of the Country of the Citizen of the Cit	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O		
30	Queen Annes	0.022	WIDOWED DIVORCED	Queen Anne's		
C C	Marydel	(IF NOT IN SUCH FACILITY, GIVE STI			12b. KIND OF BUSINESS OF INDUSTRY Carpentry	
3	Maryland 13	thome or other institution, give residence be to country 13e. City or to	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? **Yde] YES	130.STREET ADDRESS / ZIP CODE Rt.1 Box 360 M	21649 Jarydel, md	
- N	14 FATHER'S NAME		15 MOTHER'S MAIDEN N	AME		
10	Coursey	Phill'i	lps Maggie	Everetto (same)	two!	
Medical	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL SI (IF YES GIVE WAR OR DATES) 213-18		Brown Rt.1 Box	360 Maryd	
y, or ather traumatic	Conditions, if any, we gove rise to immediatelying cause PART 2 OTHER SIGNIF	diate the last (c)		MINAL DISEASE OR CONDITION GIVEN	IN PART I to	
ows ony injur	190. DATE OF OPERATIO	PN 196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?	
8 sh	210. ACCIDENT WAS UNDER		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART		
E 9	OR CONTRIBUTING CAU		DAY YEAR			
rked or th	(IF EITHER NOTIFY MEDICAL 216 INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE	
S mo	220.1 certify that (I) (th	nis hospital) attended the deceased fro	m 1131 , 19 k	7	, that (1) (we) la	
21	saw the deceased above, (1) (we) (did	alive an14) (did not) view the body after death.	9, and that in (my) (our) apinio	n death occurred on the date and hour o	nd from the causes stated	
T. If Item	22b. SIGNATURE	Man	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/5/87	
IMPORTANT: H	22d. PHYSICIAN'S NAM	BERS W.F	ARK 220 ADDRESS Clicate	Jan md -		
2	230 BURIAL, CREMATION, RE-	MOVAL 236. DATE 2 07-05-87 2	NAME OF CEMETERY OR CREMATORY Templeville Cem	CITY OR TOWN	Ouna. Marie	
A 7/84	24 FUNERAL DIRECTOR	4000		TE REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE	
)	Fellows F.H.	Box 370 Mtllin	ngton Md. 21661	OF 1 2 1201		

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526 Union St., Milton, DE

(VR A15 ME (5))

